PAGE 1 / 59

Image# 201601279004659854

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X F	or Other Than An Au	thorized Committee	;	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FI	£4M5
American Academy of	Family Physicians P	Political Action Co	mmittee	
ADDRESS (number and street)	1133 Connecticut Avenue,	NW		
Check if different	Suite 1100			
than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE	▲ ZIP CODE ▲
C C00411553		IS THIS REPORT X (N		AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	=	ay 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q		r 20 (M4) Ju	20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	G	eneral (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12	PC) SI	pecial (12S)
→ January 31 Year-End Report (Y	El. al	on on	D D / Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	R	unoff (30R) Special (30S)
Termination Report (TER)		on on	D D / Y Y	in the State of
5. Covering Period 12	01 / 2015	through	M M / D	2015
I certify that I have examined the	is Report and to the best o	f my knowledge and be	lief it is true, corr	ect and complete.
Type or Print Name of Treasure	Hugh M Taylor MD			
Signature of Treasurer Hugh	M Taylor MD	[Electronically l	Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the perso	n signing this Repo	ort to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 12 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		439447.27
	(b) Cash on Hand at Beginning of Reporting Period	397705.13	
	(c) Total Receipts (from Line 19)	45957.68	472590.04
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	443662.81	912037.31
7.	Total Disbursements (from Line 31)	26445.80	494820.30
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	417217.01	417217.01
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period							
. Contributions (other than loans) From:								
(a) Individuals/Persons Other								
Than Political Committees								
(i) Itemized (use Schedule A)	26739.29	310444.94						
(ii) Unitemized	, 17730.00	153225.44						
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	44469.29	463670.38						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees	0.00	0.00						
(such as PACs)	0.00	0.00						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry	44460.20	463670.38						
Totals to Line 33, page 5)	44469.29	403070.38						
. Transfers From Affiliated/Other		200						
Party Committees	0.00	0.00						
All Leans Dessived	0.00	0.00						
. All Loans Received	7	0.00						
	0.00	0.00						
Loan Repayments Received	0.00	0.00						
Offsets To Operating Expenditures								
(Refunds, Rebates, etc.)	1488.39	8919.66						
(Carry Totals to Line 37, page 5)	1400.00	8919.00						
Refunds of Contributions Made								
to Federal Candidates and Other Political Committees	0.00	0.00						
	0.00	0.00						
Other Federal Receipts	0.00	0.00						
(Dividends, Interest, etc.)	0.00	0.00						
(a) Non-Federal Account								
(from Schedule H3)	0.00	0.00						
(HOITI Octiedale Flo)	0.00	0.00						
(1) L. 1. E L. (1 C. L. L. L. L. L	0.00	0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00						
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	45957.68	472590.04						
. Total Federal Receipts								
(subtract Line 18(c) from Line 19)▶	45957.68	472590.04						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: —	iotal fino i chou	Calelidal Teat-10-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	445.80	8485.30
(c) Total Operating Expenditures		3 135135
(add 21(a)(i), (a)(ii), and (b))▶	445.80	8485.30
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	26000.00	484700.00
. Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(, , , , , , , , , , ,	7 7 7	7 7 7
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	1635.00
//-> Palitical Party Committee	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
, , ,		
(d) Total Contribution Refunds	0.00	1005.00
(add Lines 28(a), (b), and (c))▶	0.00	1635.00
Other Disbursements	0.00	0.00
Other Disbursements	0.00	3.00
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	2.22
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26445.80	494820.30
-, ,,,,(-), (-),	2011000	404020.30
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	26445.80	494820.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	44469.29	463670.38				
4. Total Contribution Refunds (from Line 28(d))	0.00	1635.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44469.29	462035.38				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	445.80	8485.30				
'. Offsets to Operating Expenditures (from Line 15, page 3)	1488.39	8919.66				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-1042.59	-434.36				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE I	NU	MBER	:	PAGE	6	OF	59
(ched	ck only	or	ıe)					
	11a		11b		11c	12		
	13		14		15	16	,	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Kelly Alberda MD Date of Receipt Mailing Address 1425 Gorham St 2015 12 24 City State Zip Code Transaction ID: C3220319 78758-3760 TX Austin Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Seton Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janet R Albers MD Date of Receipt Mailing Address 612 Woodbridge Rd 12 27 2015 City State Zip Code Transaction ID: C3220458 IL Springfield 62711-5666 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation SIU SOM Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ivan S Alkes MD Date of Receipt Mailing Address 2345 N 7th St 2015 12 24 City Zip Code State Transaction ID: C3228669 CO **Grand Junction** 81501-8117 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed

SUBTOTAL of Receipts This Page (optional)			,	Ξ	Ξ	7	Ξ	1	70.0	0	
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	Ξ	_	_	_	<u>]</u>

300.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR	LINE	NU	MBER	:	PAGE	7	OF	59
(che	ck only	or	ne)					
X	11a		11b		11c	12	!	
	13		14		15	16	;	17

NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Donald W Allen MD Mailing Address PO Box 865		Date of Receipt
		12 23 2015
City	State Zip Code	Transaction ID : C3220282
Coalville	UT 84017-0865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	665.00	
Full Name (Last, First, Middle Initial) Gregory John Anderson MD	<u>'</u>	Date of Receipt
Mailing Address Baldwin Bldg 2 A		M = M / D = D / Y = Y = Y
200 1ST ST SW	State 7in Code	12 11 2015
City Rochester	State Zip Code MN 55905-0001	Transaction ID : C3207663
	14114 22902-000 I	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 240.00	
Full Name (Last, First, Middle Initial) Susan M Anderson MD		Date of Receipt
Mailing Address 223 N 7th Ave		12 18 _ 2015 _
City	State Zip Code	Transaction ID : C3218340
Canistota	SD 57012-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	\dashv
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	735.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	790.00

FOR	R LINE	NU	IMBER	:	PAGE	8	OF	59
(che	eck only	or	ne)					
×	11a		11b		11c	12	!	
	13		14		15	16	;	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee the name and address of a name a	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kurt Bradley Angstman MD Mailing Address 201 1st St SE City Rochester FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary Other (specify)	State Zip Code MN 55902-3130 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 12 23 2015 Transaction ID: C3220277 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Frederic Baker MD Mailing Address 32 Mark Cir City Holden FEC ID number of contributing federal political committee. Name of Employer UMMHC Receipt For: Primary General Other (specify)	State Zip Code MA 01520-1410 C Occupation Family Physician Aggregate Year-to-Date ▼ 516.00	Date of Receipt 12 06 2015 Transaction ID : C3205112 Amount of Each Receipt this Period 43.00
Full Name (Last, First, Middle Initial) Cedric T Barnes DO Mailing Address PO Box 337 City Milford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code DE 19963-0337 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 12 30 2015 Transaction ID : C3222164 Amount of Each Receipt this Period 36.50
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		379.50

_	LINE	_		:	PAGE	9	OF	59
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	,	17

	ts and Statements may not be sold or used by any per- using the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Fa	mily Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Cindy Lee Behrens MD		Date of Receipt
Mailing Address 2121 Windermere Cir	r	12 18 2015
City	State Zip Code	Transaction ID : C3218343
Pensacola	FL 32503-5872	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Sacred Heart Urgent Care	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
3. Jerome W Bentz MD		Date of Receipt
Mailing Address PO Box 873		12 14 2015
City	State Zip Code	Transaction ID : C3213260
Platte	SD 57369-0873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Platte Health Center	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) C. Kevin M Bernstein MD		Date of Receipt
Mailing Address PSC 482		12 06 2015
City	State Zip Code	Transaction ID : C3205113
Fpo	AP 96362-9998	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
US Navy	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (opt	ional)	677.50
	<u>`</u>	
TOTAL This Period (last page this line	number only)	

FOR LINE NUMBER: PAGE 10 OF 59 Use sep for each Detailed

	FOR LINE NUMBER. FAGE							10 1	JI.	•	J
parate schedule(s)	(chec	(check only one)									
h category of the	`	ŕ	_	<i>′</i>							
d Summary Page	X	11a		11b		11c		12			
a Summary rage		40	-	4.4		4-		4.0	Г	\neg	4-7
		13		14		15		16			17

NAME OF COMMITTEE (In Full)	Disconinting a Delister LARGER O	
,	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Kenneth Robert Bertka MD		Date of Receipt
Mailing Address 8533 Castle Oaks Pl		12 18 2015
City	State Zip Code	Transaction ID : C3218337
Holland	OH 43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health Partners	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Vicki M Bertka MD		Date of Receipt
Mailing Address 8533 Castle Oaks Pl		12 18 2015
City	State Zip Code	Transaction ID : C3218338
Holland	OH 43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Hospice of Northwest Ohio	Family Physician	
Receipt For:		_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Data of Pagaint
Mailing Address 11400 Tomahawk Creek Pk	wy	Date of Receipt
City	State 7in Code	12 23 2015
City Leawood	State Zip Code KS 66211-2680	Transaction ID : C3220281
	002112000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	550.00
Name of Employer	Occupation	1
University of Kansas Medical School	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	915.00	
SUBTOTAL of Receipts This Page (optional)		1550.00
	r only)	

					PAGE		11	OF		59
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	y Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd City Kingsport FEC ID number of contributing federal political committee.	State Zip Code TN 37664-2117	Date of Receipt 12 14 2015 Transaction ID : C3209516 Amount of Each Receipt this Period
Name of Employer ETSU Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Mott Parks Blair MD Mailing Address 411 E Westbrook St		Date of Receipt 12 22 2015
City Wallace FEC ID number of contributing federal political committee.	State Zip Code NC 28466-1514	Transaction ID : C3231521 Amount of Each Receipt this Period 225.00
Name of Employer Vidant Medical Group Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Karla L Booker MD Mailing Address 3945 Cranbrook Ct NW City Lilburn FEC ID number of contributing federal political committee. Name of Employer	State Zip Code GA 30047-2696 C Occupation	Date of Receipt 12 05 2015 Transaction ID : C3205074 Amount of Each Receipt this Period 45.63
Gwinette Hospital System Receipt For: Primary General Other (specify) ▼	Family Physician Aggregate Year-to-Date ▼ 365.04	
SUBTOTAL of Receipts This Page (optional	ı) >	370.63
TOTAL This Period (last page this line num	ober only)	

FOF	:	PAGE	•	12	OF		59				
(check only one)											
×	11a		11b		11c		12				
	13		14		15		16			17	

NAME OF COMMITTEE (In Full)	y Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Lindsay Kathryn Botsford MD Mailing Address 2506 Hazard St City Houston FEC ID number of contributing federal political committee. Name of Employer Memorial Hermann Hospital System Receipt For:	State Zip Code TX 77019-6756 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 12 07 2015 Transaction ID : C3205240 Amount of Each Receipt this Period 31.00
Primary General Other (specify) ▼	341.00	
Full Name (Last, First, Middle Initial) Charles H Bozeman II Mailing Address 641 Middle Creek Rd City	State Zip Code	Date of Receipt M = M
Sevierville FEC ID number of contributing federal political committee. Name of Employer	TN 37862-5014 C Occupation	Amount of Each Receipt this Period 365.00
Self employed Receipt For: Primary General Other (specify) ▼	Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Warren F Brandle MD Mailing Address 11226 Gold Express Dr Ste 205 City Gold River FEC ID number of contributing federal political committee.	State Zip Code CA 95670-4411	Date of Receipt 12 24 2015 Transaction ID : C3220339 Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ı) >	496.00
TOTAL This Period (last page this line num	<u></u>	

FOR	PAGE	_ 1	13	OF		59						
(che	(check only one)											
X	11a		11b		11c		12					
	13		14		15		16			17		

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.
	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) John E Brandon MD		Date of Receipt
Mailing Address PO Box 390		12 18 2015
City	State Zip Code	Transaction ID : C3218306
Gordo	AL 35466-0390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Pickens County Family Practice Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, agrogato roar to bate \$	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) . Rhett Le Roy Brown MD		Date of Receipt
Mailing Address PO Box 32861		12 24 2015 _
City	State Zip Code	Transaction ID : C3228676
Charlotte	NC 28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	1
Novant Health	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	107.55	
Other (specify) ▼	465.00	
Full Name (Last, First, Middle Initial) Gloria Y Browne MD		Date of Receipt
Mailing Address 200 Daileys Plantation Dr		12 252015
City	State Zip Code	Transaction ID : C3220419
McDonough	GA 30253-8255	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Roman Medical Group	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		550.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

FO	R LINE	PAGE	. 1	14	OF		59					
(ch	(check only one)											
>	1 1a	11b		11c		12						
	13	14		15		16			17			

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8597 Marquette Dr		12 23 2015
City	State Zip Code	Transaction ID : C3220299
Grosse Ile	MI 48138-1567	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mary F Campagnolo MD		Date of Receipt
Mailing Address 3242 Route 206, Bldg A St	e A2	M = M / D = D / Y = Y = Y
City	Choke 7th Code	12 06 2015
City	State Zip Code	Transaction ID : C3205114
Lumberton	NJ 08505-4517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Virtua Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Clifford Chen MD	·	Date of Receipt
Mailing Address 1466 Shady Ave		12 24 _ 2015 _
City	State Zip Code	Transaction ID : C3228679
Pittsburgh	PA 15217-1349	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
UPMC Community Medicine Inc	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		990.00
(5-1-1-2-1-00)		
TOTAL This Period (last page this line numb	per only)	

F							•	15	OF		59	
(c	(check only one)											
	×	11a		11b		11c		12				
		13		14		15		16			17	

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	y Physicians Political Action Commit	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph A Cincotta MD Mailing Address 350 Wellsville Rd City Wellsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code PA 17365-9645 C Occupation Family Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 12 14 2015 Transaction ID : C3212479 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Cecilia Ann Collins MD Mailing Address 383 N Roscoe Blvd City Ponte Vedra Beach	State Zip Code FL 32082-2145	Date of Receipt 12 11 2015 Transaction ID : C3207673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1020.00	500.00
Full Name (Last, First, Middle Initial) Mark E Collins MD Mailing Address 354 N Maple Ave City Wood Dale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60191-1539 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 12 14 2015 Transaction ID : C3213265 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional	I) >	1015.00
TOTAL This Period (last page this line num	iber only)	

FOR LI	PAGE	. 1	16	OF		59					
(check only one)											
X 118	a 🗌	11b		11c		12					
13		14		15		16			17		

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee the physicians Political Action Commit	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Darla Renee Cowart MD Mailing Address 2216 Matthews St SE City Huntsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35801-2724 C Occupation Family Physician Aggregate Year-to-Date 300.00	Date of Receipt 12 24 2015 Transaction ID : C3220338 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) 3. Jose M David MD Mailing Address 804 Huntington Ct	,	Date of Receipt
City Albany FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12203-6015 C Occupation	Transaction ID : C3219159 Amount of Each Receipt this Period 833.00
Self Receipt For: Primary General Other (specify) ▼	Family Physician Aggregate Year-to-Date ▼ 2499.00	_
Full Name (Last, First, Middle Initial) Jay F Downey MD Mailing Address 3499 Wallace Dr City Bonita FEC ID number of contributing federal political committee. Name of Employer San Ysidro Family Center Receipt For: Primary General Other (specify)	State Zip Code CA 91902-1242 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 12 23 2015 Transaction ID : C3220273 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).		1183.00
TOTAL This Period (last page this line numb	<u>^</u>	

						PAGE		17	OF		59	
	(check only one)											
	×	11a		11b		11c		12				
		13		14		15		16			17	

Full Name (Last, First, Middle Initial) Jocelyn Duffy Md Duffy MD Mailing Address 6 Trask Rd City State Zip Code MA 01921-2010 FEC ID number of contributing federal political committee. Name of Employer Self employed Family Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Jocelyn Duffy Md Duffy MD Mailing Address 6 Trask Rd City State Zip Code MA 01921-2010 FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ C Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Date of Receipt 12 14 2015 Transaction ID: C3213268 Amount of Each Receipt this Period 50.00 Date of Receipt
Self employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Jocelyn Duffy Md Duffy MD Mailing Address 6 Trask Rd City State Boxford FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Family Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	M = M / D = D / Y = Y = Y
Aggregate Year-to-Date ▼ Mailing Address 6 Trask Rd City State Zip Code Boxford MA 01921-2010 FEC ID number of contributing federal political committee. C Receipt For: Primary General	M = M / D = D / Y = Y = Y
Boxford MA 01921-2010 FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General MA 01921-2010 C C Aggregate Year-to-Date ▼	
Self employed Family Physician Receipt For: ☐ Primary General Aggregate Year-to-Date ▼	Transaction ID : C3220292 Amount of Each Receipt this Period 200.00
,	
Full Name (Last, First, Middle Initial) James A Ellzy MD Mailing Address 1351 Bryant St NE Apt 4 City State DC 20018-1156 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Date of Receipt 12 19 2015 Transaction ID: C3218805 Amount of Each Receipt this Period 34.10
Primary General Other (specify) ▼ 409.20 SUBTOTAL of Receipts This Page (optional)	284.10

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Academy of Family Phy	vsicians Political Action Comm	ittee
Self Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77478-3550 C Description Family Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 12 12 2015 Transaction ID: C3208651 Amount of Each Receipt this Period 50.00
USN	State Zip Code MD 20901-4917 C Decupation Family Physician Aggregate Year-to-Date ▼ 865.00	Date of Receipt 12 24 2015 Transaction ID : C3228689 Amount of Each Receipt this Period 365.00
Self Employed F	State Zip Code NC 28312-8236 C Description Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 12 11 2015 Transaction ID : C3207665 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only	<u> </u>	665.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	. 1	19	OF		59						
(check only one)												
X	11a		11b		11c		12					
	13		14		15		16			17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Stephanie J Foley Date of Receipt Mailing Address 5518 Butterfly Ln Apt 307 2100 Erwin Road 2015 22 City State Zip Code Transaction ID: C3219160 NC 27707-9078 Durham Amount of Each Receipt this Period FEC ID number of contributing C 30.42 federal political committee. Name of Employer Occupation Family Physician Blue Ridge Family Physicians Receipt For: Aggregate Year-to-Date ▼ Primary General 365.04 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel T Friedmann MD Date of Receipt Mailing Address 10233 Valmay Ave NW 2015 12 14 City State Zip Code Transaction ID: C3213270 WA 98177-5330 Seattle Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation The Polyclinic Family Physician Receipt For: Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) C. J H H Gardner MD		Date of Receipt					
Mailing Address PO Box 518		12 24 2015					
City	State Zip Code	Transaction ID : C3220342					
Buffalo	IA 52728-0518	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400					
Name of Employer	Occupation						
Self Employed	Family Physician						
Receipt For:	Aggregate Year-to-Date ▼						

300.00

800.00

SUBTOTAL of Receipts This Page (optional)		Ξ	7	Ι	Ι	7	530	.42	
TOTAL This Period (last page this line number only)			7			7		_	

Primary

Primary

Other (specify)

Other (specify)

General

General

ı	FOR	LINE	NU	MBER	:	PAGE	2	20 OI	F	59		
	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16		17		

	e name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial) Robert Graham MD Mailing Address 5049 Wornall Rd Apt 23 City Kansas City FEC ID number of contributing federal political committee. Name of Employer George Washington Clinic Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code MO 64112-2530 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 12 11 2015 Transaction ID : C3207676 Amount of Each Receipt this Period 200.00
Mailing Address 16 Patriot Way		Date of Receipt 12 24 2015
City North Reading	State Zip Code MA 01864-3225	Transaction ID : C3220356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Greater Lawrence FHC	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 605 Hyalite View Dr		12 17 2015
City Bozeman	State Zip Code MT 59718-7377	Transaction ID : C3215582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.14
Name of Employer	Occupation	1
Bozeman Deaconess Family Medicine and	Family Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		752.14
TOTAL This Period (last page this line number	only)	

FOR	PAGE	2	21	OF		59						
(che	(check only one)											
X	11a		11b		11c		12					
	13		14		15		16			17		

Any information copied from such Reports and So or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
` '	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Brian C Harrington MD, MPH		Date of Receipt
Mailing Address 769 Sandhill Cir		12 18 _ 2015 _
City	State Zip Code	Transaction ID : C3218335
Steamboat Springs	CO 80487-3114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Lucinda L Hautaniemi MD		Date of Receipt
Mailing Address 1 Deer Rdg		12 14 2015
City	State Zip Code	Transaction ID : C3212478
Old Lyme	CT 06371-1853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		12 23 2015
City	State Zip Code	Transaction ID : C3220234
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
Sioux Valley Health Systems	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1650.00	
SUBTOTAL of Receipts This Page (optional)	>	400.00
TOTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:			PAGE	2	22	OF		59			
(check only one)												
	[X	11a		11b		11c		12			
			13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

	American Academy of Family Physicians Political Action Commit	te
A	Full Name (Last, First, Middle Initial) Richard W Honke MD	
	Mailing Address 404 W Chron Dr]

Richard W Honke MD	Date of Receipt							
Mailing Address 401 W Glynn Dr		12 23 _ 2015 _						
City	State Zip Code	Transaction ID : C3220298						
Parkston	SD 57366-9605	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.0						
Name of Employer	Occupation							
Avera St Benedict CRHC	Family Physician							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	400.00							
Full Name (Last, First, Middle Initial) David Roy Howlett MD		Date of Receipt						
Mailing Address 154 Eastview Dr		12 14 2015						

David Noy Howlett MD		
Mailing Address 154 Eastview Dr		
City	State	Zip Code
Windsor	CT	06095-1815
FEC ID number of contributing federal political committee.	С	
Name of Employer Self-Employed	Occupation Physician	

Transaction ID : C3212477	
Amount of Each Receipt this F	Period
Transaction ID: C3212477 Amount of Each Receipt this Period 100.00	

Self-Employed	Physician
Receipt For:	Aggregate Year-to-Date ▼
Primary General Other (specify) ▼	, 465.00

Full Name (Last, First, Middle Initial) Richard H Jones MD			
Mailing Address 106 W Howell Ave			
City	State	Zip Code	
Alexandria	VA	22301-1508	
FEC ID number of contributing federal political committee.	С		

Date of Receipt									
12	/	19	/	2015					
Transa	ction	ID : C	321	8803					
Amount	of Ea	ch Re	ceip	t this Period					
				1000.00					

FEC ID number of contributing federal political committee.	C
Name of Employer	Occupation
US Government	Family Physician
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼
	2000.0

_	_	- 9	_	 - 9	_	 - (8)	_	

SUBTOTAL of Receipts This Page (optional)		•			7			7	_	150	0.00)
TOTAL This Period (last page this line number	only)	>		_	7	_	Ξ	7	_	_	_	

B.

Use separate schedule(s) for each category of the

FOR	PAGE	2	23	OF	59				
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Salahuddin Kaddoura MD Date of Receipt Mailing Address 2212 Rannoch Ln 2015 12 City Zip Code State Transaction ID: C3218344 AR 72908-0953 Fort Smith Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bradon Y Kimura MD Date of Receipt Mailing Address PO Box 497 12 2015 11 City State Zip Code Transaction ID: C3208114 HI Kealakekua 96750-0497 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory King MD Date of Receipt Mailing Address 1120 Vail Rd 2015 12 07 City Zip Code State Transaction ID: C3205241 Bennington VT 05201-9597 Amount of Each Receipt this Period FEC ID number of contributing 55.00 С federal political committee. Name of Employer Occupation Family Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 705.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 59 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John Albert Kotyo MD Date of Receipt Mailing Address 3774 School Ln 2015 12 City Zip Code State Transaction ID: C3207675 PΑ **Newtown Square** 19073-3205 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Riddle Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Alfred Kremer MD Date of Receipt Mailing Address 1705 Gracewood Dr 12 23 2015 City State Zip Code Transaction ID: C3220279 NC Greensboro 27408-4506 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin K Kurohara MD Date of Receipt Mailing Address 75 Puuhonu Pl 2015 12 07 Ste 205 City State Zip Code Transaction ID: C3208594 HI Hilo 96720-2000 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

850.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	PAGE	2	25	OF		59			
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than usin	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Fami	ly Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Marlene K Lambiaso MD		Date of Receipt
Mailing Address 658 Cayuga Dr		12 23 2015
City	State Zip Code	Transaction ID : C3220295
Winter Springs	FL 32708-5603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	352.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	717.00	
Full Name (Last, First, Middle Initial) 3. Aaron Jack Lazar MD	'	Date of Receipt
Mailing Address 1564 Abbotsford Dr		12 24 2015
City	State Zip Code	Transaction ID : C3220343
Naperville	IL 60563-2088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	108.00
Name of Employer	Occupation	1
Rush University	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	216.00	
Full Name (Last, First, Middle Initial) Colleen C Lyons MD	·	Date of Receipt
Mailing Address 2874 N Carson St Ste 127		12 24 2015
City	State Zip Code NV 89706-1681	Transaction ID : C3228744
Carson City	NV 89706-1681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Veterans Health Administration	Family Medicine Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (options	al)	1210.00
	<u>, </u>	
TOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	2	26	OF		59				
(check only one)										
X	11a	11b		11c		12				
	13	14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Michael L Madden MD Date of Receipt Mailing Address 4907 Windermere Blvd 2015 12 City State Zip Code Transaction ID: C3218362 71303-2459 Alexandria LA Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Occupation L.S. U. HSC Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify)

		l .
Full Name (Last, First, Middle Initial) Christopher M Mahr MD		Date of Receipt
Mailing Address 3085 Firestone Ct		M = M / D = D / Y = Y = Y
City	State Zip Code	12 10 2015 Transaction ID : C3207220
Sumter	SC 29150-7075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.50
Name of Employer Colonial Family Practice	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) Kevin B Martin MD Date of Receipt Mailing Address 2903 219th Ave E 26 2015 12 City State Zip Code Transaction ID: C3220448 WA Lake Tapps 98391-5634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Family Physician Life Care Physician Services Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)			7	Ī	I	7	Ī	4:	90.50	0
TOTAL This Period (last page this line number only)		_	7	_	_	7	_	_		

600.00

Primary

Other (specify)

General

В.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 27 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Academy of Family Physical Properties of Pamily Physical Physica	ysicians Political Action Comm	ittee
Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code KY 42754-1479 C Occupation Family Physician Aggregate Year-to-Date ▼ 420.00	Date of Receipt 12 14 2015 Transaction ID: C3213667 Amount of Each Receipt this Period 50.00
Colf	State Zip Code PR 00961-6938 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.10	Date of Receipt 12 05 2015 Transaction ID: C3205075 Amount of Each Receipt this Period 121.70
' '	State Zip Code AL 35034-0289 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 12 11 2015 Transaction ID : C3207659 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on		221.70

FOF	LINE	NUM	BER:	:	PAGE	2	28	OF	59
(che	ck only	one)						
X	11a	1	1b		11c		12		
	13	1	4		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
	Physicians Political Action Committ	ee
/	-	
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Pagaint
		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		12 14 _ 2015 _
City	State Zip Code	12 14 2015 Transaction ID : C3231550
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Hoodipt this I chou
federal political committee.	C	25.00
•		
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4050.00	
Other (specify) ▼	1250.00	
Full Marra /Last Flort MCLP 1 1977		
Full Name (Last, First, Middle Initial) 3. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		
Mailing Address PO Box 289 100 Serendipity Dr		12 23 _2015 _
City Too Serendipity Dr	State Zip Code	12 23 2015 Transaction ID : C3220289
Brent	AL 35034-0289	Amount of Each Receipt this Period
<u> </u>		can or Each Hoodipt tills Fellod
FEC ID number of contributing federal political committee.	C	25.00
·		
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4050.00	
Other (specify)	1250.00	
Full Name /Last First Middle Initial'		
Full Name (Last, First, Middle Initial) F Bradford Bradford Meyers MD		Date of Receipt
Mailing Address PO Box 414		Man / Dab / Yayayay
g /		12 19 2015
City	State Zip Code	Transaction ID : C3218806
Jefferson	WI 53549-0414	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	33.75
Name of Employer	Occupation	
Dean Clinic	Family Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	464.25	
~	7	
SUBTOTAL of Receipts This Page (optional)		83.75
TOTAL This Period (last page this line number	only)	
TOTAL THIS I CHOO (last page this line hulliber	O(1)19/	

						PAGE	2	29	OF	59
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12	!	
		13		14		15		16	;	17

or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) F Bradford Bradford Meyers MD		Date of Receipt
Mailing Address PO Box 414		12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3222165
Jefferson	WI 53549-0414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	
Dean Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	464.25	
Full Name (Last, First, Middle Initial) Richard Stayton Miles MD		Date of Receipt
Mailing Address 124 Dowell Rd		M = M / D = D / Y = Y = Y
#5		12 14 2015
City	State Zip Code	Transaction ID : C3213669
Russell Springs	KY 42642-4278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Premier Integrity Solutions	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Rose Caroline Miller MD		Date of Receipt
Mailing Address 714 NW Scenic Dr		12 07 2015
City	State Zip Code	Transaction ID : C3208603
Albany	OR 97321-9663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Samaratan Health Services	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogato Tear-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		131.00
, , ,	<u>^</u>	
TOTAL This Period (last page this line number of	only) ▶	

Use separate schedule(s) for each category of the Detailed Summary Page

_	LINE	PAGE	3	30	OF	59			
(che	ck only	or or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

01 101	commercial purposes, other than using the	name and address of any political committee to	Solicit Contributions from Such Committee.
Ar		nysicians Political Action Committe	ee
4 . A	Name (Last, First, Middle Initial) Nne M Montgomery MD iling Address 44818 Oro Grande Cir		Date of Receipt
FE	y dian Wells C ID number of contributing eral political committee.	State Zip Code CA 92210-7411	12 28 2015 Transaction ID : C3220485 Amount of Each Receipt this Period 250.00
Eis	me of Employer senhower Medical Associates ceipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date ▼ 2750.00	
3. D	Il Name (Last, First, Middle Initial) ale C Moquist MD illing Address PO Box 4624	State Zip Code	Date of Receipt 12 09 2015
Ho FE	orseshoe Bay C ID number of contributing leral political committee.	TX 78657-4624	Transaction ID : C3208219 Amount of Each Receipt this Period 91.66
Sel	me of Employer f ceipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date ▼ 1099.92	
C. A Ma City	I Name (Last, First, Middle Initial) Inn M Morey MD Illing Address 6109 Concordia Rd NE y buquerque	State Zip Code NM 87111-1329	Date of Receipt 12 18 2015 Transaction ID : C3218336 Amount of Each Receipt this Period
fed Nai Pre	C ID number of contributing deral political committee. me of Employer desbyterian Medical Group desired For: ☐ Primary ☐ General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼	200.00
SUB	TOTAL of Receipts This Page (optional)		541.66
TOTA	AL This Period (last page this line number o	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	:	PAGE	3	31	OF	59
(che	eck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family P	hysicians Political Action Committe	ee
Α.	Full Name (Last, First, Middle Initial) Martha J Moulton MD		Date of Receipt
	Mailing Address 48 Forest Rd		12 23 2015
	City Southbury	State Zip Code CT 06488-2407	Transaction ID : C3220300 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	DOPS	Family Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
— В.	Full Name (Last, First, Middle Initial) Shani Ife Muhammad MD		Date of Receipt
	Mailing Address 6058 Lakeview Cir		12 05 2015
	City	State Zip Code	Transaction ID : C3205076
	San Ramon	CA 94582-4867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.63
	Name of Employer	Occupation	
	Kings Winery Clinic	Family Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	319.41	
<u> </u>	Full Name (Last, First, Middle Initial) Carl M Myers MD		Date of Receipt
	Mailing Address 7501 NW Eastside Dr		12
	City Kanaga City	State Zip Code MO 64152-1798	Transaction ID : C3207677
	Kansas City	MO 64152-1798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	Meritas Inc	Family Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
S	SUBTOTAL of Receipts This Page (optional)		245.63

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NOMI (check only one)

FOR	LINE	NU	MBER	:	PAGE	3	32	OF	59
(chec	k only	or	ıe)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) Nancy Naghavi DO		Date of Receipt
Mailing Address 9307 Shady Lane Cir		12 24 2015
City	State Zip Code	Transaction ID : C3220349
Houston	TX 77063-1306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	370.00
Name of Employer	Occupation	-
Family Care Plus	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	735.00	
Full Name (Last, First, Middle Initial) Mary S Nguyen MD		Date of Receipt
Mailing Address PO Box 960		M = M / D = D / Y = Y = Y
Cit.	Otata 7:a Cada	12 02 2015
City	State Zip Code	Transaction ID : C3201443
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Medina Valley Family Practice	Occupation Family Physician	-
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1020.00	
Full Name (Last, First, Middle Initial) Mary S Nguyen MD		Date of Receipt
Mailing Address PO Box 960		12 24 2015
City	State Zip Code	Transaction ID : C3220350
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	1
Medina Valley Family Practice	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1020.00	
	I	1005.00

F	OR	LINE	NU	MBER	:	PAGE	. 3	33	OF	59
(c	he	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16		17

NAME OF COMMITTEE (In Full)	by Physicians Political Action Comm	
Full Name (Last, First, Middle Initial)	ly Physicians Political Action Comm	
R W Nicholson MD Mailing Address 801 Cobblestone Dr		Date of Receipt 12 11 2015
City	State Zip Code	Transaction ID : C3207670
Evansville	IN 47715-4288	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Carl Raymond Olden MD		Date of Receipt
Mailing Address 311 S 72nd Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	12 07 2015
Yakima	WA 98908-1661	Transaction ID : C3205242 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	\dashv
Yakima Valley Memorial Hospital	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Javette C Orgain MD	ı	Date of Receipt
Mailing Address PO Box 806527		12 28 2015
City Chicago	State Zip Code IL 60680-4126	Transaction ID : C3220486 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	110.00
Name of Employer	Occupation	\dashv
Vitas Innovative Hospice	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1210.00	
SUBTOTAL of Receipts This Page (ontion:	al)	410.00
	<u> </u>	
FOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NUMBER	l:	PAGE	3	34 ()F	59
(che	ck only	one)						
	11a	11b		11c		12		
	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) James A Ouellette MD Mailing Address 14 Jones Hollow Rd		Date of Receipt
Ste 1		12 23 2015
City	State Zip Code CT 06447-1448	Transaction ID : C3220301
Marlborough	CT 06447-1448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
ProHealth Physicians	FamilyPhysician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	715.00	
Full Name (Last, First, Middle Initial) Wilson D Pace MD	<u> </u>	Date of Receipt
Mailing Address 7804 E Colgate PI		M M / D D / Y Y Y Y
City	State Zip Code	12 14 2015
Denver	CO 80231-4130	Transaction ID : C3213674 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each receipt this I enou
federal political committee.	C	100.00
Name of Employer	Occupation	
University of Colorado	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Robert Milton Pallay MD		Date of Pagaint
Mailing Address 1107 E 66th St		Date of Receipt
110/ E 00th St		12 24 _ 2015 _
City	State Zip Code	Transaction ID : C3220341
Savannah	GA 31404-5701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Memorial Health	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify)	300.00	

FOF	LINE	NU	MBER	:	PAGE	3	35	OF	59	
(che	ck only	or	ne)							
×	11a		11b		11c		12			
	13		14		15		16		17	

Full Name (Last, First, Middle Initial) Judith A Pauwels MD Mailing Address 827 31st Ave City State Zip Code Seattle WA 98122-5023 FEC ID number of contributing federal political committee. Name of Employer Self Employed Family Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD Mailing Address 5147 Cheswick Dr	Date of Receipt 12 23 2015 Transaction ID : C3220269 Amount of Each Receipt this Period 500.00
Seattle WA 98122-5023 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD	Transaction ID : C3220269 Amount of Each Receipt this Period 500.00
Seattle WA 98122-5023 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD	Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD	500.00
Self Employed Receipt For: Primary Other (specify) ▼ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD	0.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 50 Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD	0.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew Bernard Pawlicki MD	10.00
Matthew Bernard Pawlicki MD	
Mailing Address 5147 Cheswick Dr	Date of Receipt
	M = M / D = D / Y = Y = Y
City State Zip Code	12 23 2015 Transaction ID : C3220288
Solon OH 44139-1203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	300.00
Name of Employer Occupation	
University Hospital of Cleveland Family Physician	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500	0.00
Full Name (Last, First, Middle Initial) Robert H Potter MD	Date of Receipt
Mailing Address 10069 Grubbs Rd	12 24 _ 2015 _
City State Zip Code Wexford PA 15090-9647	Transaction ID : C3220347 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	200.00
Name of Employer Occupation	
General Medical Assoc. Family Physician	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
	00.00
SUBTOTAL of Receipts This Page (optional)	1000.00

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one) X 11a 11b 11c

59

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Michelle Quiogue MD Date of Receipt Mailing Address 2460 Pine St 2015 12 City Zip Code State Transaction ID: C3207221 CA Bakersfield 93301-2742 Amount of Each Receipt this Period FEC ID number of contributing 36.50 federal political committee. Name of Employer Occupation **SCPMG** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee P Ralph MD Date of Receipt Mailing Address 6699 Alvarado Rd Ste 2100 12 05 2015 City State Zip Code Transaction ID: C3205077 CA San Diego 92120-5238 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation SD Sports Medicine and Family Health Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Srikar T Reddy MD Date of Receipt Mailing Address 205 W Grand River Ave 12 06 2015 City Zip Code State Transaction ID: C3205115 MI **Brighton** 48116-1659 Amount of Each Receipt this Period FEC ID number of contributing 45.63 С federal political committee. Name of Employer Occupation Family Physician 4-Serv Family Medicine PC Receipt For: Aggregate Year-to-Date ▼ Primary General 365.04 Other (specify) 132.13 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOF	R LINE	PAGE	3	37	OF	59		
(che								
×	11a	11b		11c		12		
	13	14		15		16	;	17

	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Matthew M Richlen MD		Date of Receipt
Mailing Address N60W13427 Tall Oak Ct		12 11 2015
City	State Zip Code	Transaction ID : C3208209
Menomonee Falls	WI 53051-8337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		12 09 2015
City	State Zip Code	Transaction ID : C3206797
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Daniel E Roth MD		Date of Receipt
Mailing Address 410 30th St		M = M / D = D / Y = Y = Y
City	State Zip Code	12 18 2015 Transaction ID : C3218328
San Francisco	CA 94131-2307	Amount of Each Receipt this Period
FFC ID number of equilibrities		Amount of Each neceipt this Fellou
FEC ID number of contributing federal political committee.	C	500.00
	Occupation	7
Name of Employer	1	The state of the s
Name of Employer Pacific Family Practice	FaMILY Physician	
Pacific Family Practice Receipt For:	FaMILY Physician Aggregate Year-to-Date ▼	
Pacific Family Practice Receipt For: Primary General	Aggregate Year-to-Date ▼	
Pacific Family Practice Receipt For:		
Pacific Family Practice Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	965.00

FOR LINE NUMBER: PAGE 38 OF Use separate schedule(s) for each category of the Detailed Summary Page

•	011			IVIDEIL		. ,	. `	,,	٠.		
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Nadia M Sadek MD Mailing Address 1151 Blackwood Ave St	e 150	Date of Receipt
		12 11 2015
City	State Zip Code	Transaction ID : C3207669
Ocoee	FL 34761-4523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	12 19 2015 Transaction ID : C3218807
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Sarah L Sams MD		Data of Resoint
Mailing Address 2994 Frazell Rd		Date of Receipt
Maining Address 2994 Frazell Ka		12 11 _ 2015 _
City	State Zip Code	Transaction ID : C3208041
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	
Ohio Health	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	1320.00	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	IMBER	PAGE	. 3	39	OF	59	
(c	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Michael J Saunders MD Mailing Address 325 Butts Ave		Date of Receipt
		12 05 2015
City	State Zip Code	Transaction ID : C3205110
Tomah	WI 54660-1412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Mayo Health Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Susan Collette Schayes MD	ı	Date of Receipt
Mailing Address 1640 Tyler Green Trl SE		M = M / D = D / Y = Y = Y
City	State Zip Code	12 24 2015
Smyrna	GA 30080-5612	Transaction ID : C3220355 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacri Hedelpt tills I ellou
federal political committee.	C	200.00
Name of Employer	Occupation	
Jen Care	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Daniel John Schlegel MD MH/	Δ	Data of Pagaint
Mailing Address 1026 Chapel Forge Ct	· ·	Date of Receipt
Tozo Chapel Forge Ct		12 24 2015
City	State Zip Code	Transaction ID : C3220336
Lancaster	PA 17601-1757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Penn State Hershey Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	

FOF	R LINE	PAGE	_ 4	40	OF		59			
(check only one)										
	11a		11b		11c		12			
	13		14		15		16	;		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Academy of Family	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) A. Richard M Shaw MD		Date of Receipt
Mailing Address 475 White Swan Ct		12 23 2015
City	State Zip Code	Transaction ID : C3220293
Simi Valley	CA 93065-6723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	1
Regal Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. William B Shore MD		Date of Receipt
Mailing Address 584 43rd Ave		12 24 2015
City	State Zip Code	Transaction ID : C3220333
San Francisco	CA 94121-2535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	1
UCSF	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 821 N Main St		12 11 2015
City	State Zip Code	Transaction ID : C3207681
Bonham	TX 75418-3723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (ontional	l)	550.00
	<u> </u>	
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the **Detailed Summary Page**

	FOR LIN	IE NU	PAGE	_ 4	11	OF	59		
(check only one)									
	X 11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Sandra Ruff Smith MD Date of Receipt Mailing Address 885 W Beal Rd 2015 12 City Zip Code State Transaction ID: C3213685 86001-1108 Flagstaff ΑZ Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Family Physician Northern Arizona University Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jarod Eugene Speer Speer Date of Receipt Mailing Address 4333 Lakeshore Cv 12 01 2015 City State Zip Code Transaction ID: C3201225 AL Birmingham 35242-6608 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation Childersburg Primary Care Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Spierer MD Date of Receipt Mailing Address 36 E Sherman Ave

City State Zip Code NJ Colonia 07067-1413 FEC ID number of contributing С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 735.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Transaction ID: C3220276 Amount of Each Receipt this Period

23

12

370.00

2015

455.00

FOF	PAGE	-	12 C)F	59				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

ny finomation copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
American Academy of Fami	ily Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Gregory J Steinmetz MD		Date of Receipt
Mailing Address 150 Bluff Ave		12 18 2015
City	State Zip Code	Transaction ID : C3218311
Cranston	RI 02905-3727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
APCM	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogate roal to bate v	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Windel A Stracener MD		Date of Receipt
Mailing Address 1333 Hunters Pointe Dr		12 11 2015
City	State Zip Code	Transaction ID : C3208042
Richmond	IN 47374-7184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2560.00	
Full Name (Last, First, Middle Initial) Glen R Stream MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		12 21 2015
City	State Zip Code	Transaction ID : C3218861
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Eisenhower Medical Associates	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (option	al)	600.00
TOTAL This Period (last page this line nul	mber only)	

FOF	R LINE	PAGE	_ 4	13	OF	59		
(che	ck only							
×	11a	11b		11c		12		
	13	14		15		16	;	17

NAME OF COMMITTEE (In Full)	y Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Maureen P Strohm MD Mailing Address 3835 Fairmeade Rd		Date of Receipt
City	State Zip Code	12 07 2015 Transaction ID : C3208618
Pasadena FEC ID number of contributing federal political committee.	CA 91107-2229	Amount of Each Receipt this Period
Name of Employer HCA Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Raja Talati Md Talati MD Mailing Address 805 SW Classico Ct		Date of Receipt
City Port Saint Lucie FEC ID number of contributing	State Zip Code FL 34986-2338	Transaction ID : C3207222 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼	32.50
Full Name (Last, First, Middle Initial) Stacy J Taylor MD Mailing Address 173 E Cotton Hill Rd		Date of Receipt 12 01 2015
City New Hartford FEC ID number of contributing federal political committee.	State Zip Code CT 06057-3524	Transaction ID : C3201226 Amount of Each Receipt this Period 31.00
Name of Employer Charlotte Hungerford Hospital Receipt For: Primary General	Occupation Family Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	422.00	
SUBTOTAL of Receipts This Page (optional	al)	163.50
TOTAL This Period (last page this line num	nher only)	

FOR LINE NUMBER:					PAGE	_ 4	44	OF		59
(check only one)										
X	11c		12							
	13		14		15		16			17

	statements may not be sold or used by any persolation and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family P	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Michael P Temporal MD		Date of Receipt
Mailing Address 717 Beartooth Cir		12 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3205116
Laurel	MT 59044-9665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer	Occupation	
Billings Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	361.41	
Full Name (Last, First, Middle Initial) Michael P Temporal MD		Date of Receipt
Mailing Address 717 Beartooth Cir		12 24 2015
City	State Zip Code	Transaction ID : C3220363
Laurel	MT 59044-9665	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	42.00
Name of Employer	Occupation	
Billings Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0. 0	
Other (specify) ▼	361.41	
Full Name (Last, First, Middle Initial) Eric S Thomsen MD		Date of Receipt
Mailing Address 1411 Oak St		12 112015
City	State Zip Code	Transaction ID : C3208182
Beatrice	NE 68310-5318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		487.63
		7 1 7 1 8 1
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	_ 4	15	OF	59
(check only one)									
×	11c		12						
	13		14		15		16	;	17

Full Name (Last, First, Middle Initial) Barbara B Tobias MD Mailing Address 215 Wilmuth Ave		
		Date of Receipt
City	State Zip Code	12 24 2015 Transaction ID : C3220346
Cincinnati	OH 45215-2777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer UC Physicians/University of Cincinnati	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Andres Turner MD		Date of Receipt
Mailing Address 1565 Dolores St		12 24 2015
City San Francisco	State Zip Code CA 94110-4928	Transaction ID : C3228945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer The Permanente Medical Group	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO Box 960		12 02 2015
City Castroville	State Zip Code TX 78009-0960	Transaction ID : C3201444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Medina Valley Family Practice	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		280.00
	<u> </u>	

ı	FOR LIN	IE NUM	PAGE	4	6 OF		59	
	(check only one)							
	X 11a	. 1	1b	11c		12		
	13	14	4	15		16		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Suraj P Verma MD		Date of Receipt
Mailing Address 1595 Robb Dr Ste 2		12 14 2015
City	State Zip Code	Transaction ID : C3213691
Reno	NV 89523-3527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	1
Prime Healthcare	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	gg. ogalo Toal IO-Dale ¥	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) . William H Vetter MD		Date of Receipt
Mailing Address 1102 E Locust St		12 08 2015
City	State Zip Code	Transaction ID : C3206209
Emmett	ID 83617-2713	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	31.00
Name of Employer	Occupation]
Walter Knox Memorial Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	329.00	
Full Name (Last, First, Middle Initial) Bruce Alan Wallstedt MD		Date of Receipt
Mailing Address 6323 Canterbury Close		12 102015
City	State Zip Code	Transaction ID : C3207223
Brentwood	TN 37027-4870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SURTOTAL of Possints This Page (author 1)	1	432.50
OTHE OF Receipts This Page (optional).	>	
TOTAL This Period (last page this line numb	er only)	

FU	K LINE	MOMBER	:	PAGE	- 4	+ /	OF		59
(ch	(check only one)								
X 11a 11b 11c 12									
	13	14		15		16			17

	d Statements may not be sold or used by any pers the name and address of any political committee to						
NAME OF COMMITTEE (In Full)							
ig angle American Academy of Family	Physicians Political Action Commit	tee					
Full Name (Last, First, Middle Initial) A. Daniel A Walters MD		Date of Receipt					
Mailing Address 2304 E County Road 950 I	Mailing Address 2304 E County Road 950 N						
City	State Zip Code	12 18 2015 Transaction ID : C3218313					
Seymour	IN 47274-8155	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	1					
Caring Family Physicians	Family Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	35 5						
Other (specify) ▼	800.00						
Full Name (Last, First, Middle Initial) Kevin S Wang MD	1	Date of Receipt					
Mailing Address 1823 Terry Ave		M = M / D = D / Y = Y = Y					
Apt 1609	State 7's C-d-	12 24 2015					
City	State Zip Code WA 98101-2406	Transaction ID : C3220320					
Seattle	WA 98101-2406	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation	1					
Swedish Medical Center	Family Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	00 0						
Other (specify) ▼	1200.00						
Full Name (Last, First, Middle Initial) C. Raymond Michael Weick MD		Date of Receipt					
Mailing Address 745 Grand View Ridge Ct		12 23 2015					
City	State Zip Code	Transaction ID : C3220287					
Eureka	MO 63025-3720	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer	Occupation	1					
Mercy Medical Group	Family Physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General							
Other (specify) ▼	350.00						
SUBTOTAL of Receipts This Page (optional)		650.00					
TOTAL This Period (last page this line numb	per only)						
` ' 9							

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

48 OF

59

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Thomas J Weida MD Date of Receipt Mailing Address 845 Fishburn Rd 2015 12 City Zip Code State Transaction ID: C3208652 PΑ Hershey 17033-2015 Amount of Each Receipt this Period FEC ID number of contributing 46.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 368.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Andre Wherry MD Date of Receipt Mailing Address 59 Tipton Dr 12 80 2015 City State Zip Code Transaction ID: C3206210 GA Dahlonega 30533-1603 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Southern Health Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Williams MD Date of Receipt Mailing Address 104 Rufus Ln 2015 12 12 City Zip Code State Transaction ID: C3208653 MT Polson 59860-8903 Amount of Each Receipt this Period FEC ID number of contributing 31.00 С federal political committee. Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 248.00 Other (specify) 327.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:						PAGE	_ 4	19	OF		59
(check only one)											
X 11a 11b						11c		12			
	13 14							16			17

	y Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Timothy Allen Wilson MD		Date of Receipt
Mailing Address 9027 Sw 208Th St		12 11 2015
City	State Zip Code	Transaction ID : C3207680
Trimble	MO 64492-7846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Ben Mullin Winkes MD	·	Date of Receipt
Mailing Address PO BOX 777		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	12 07 2015 Transaction ID : C3208625
Conway	WA 98238-0777	Amount of Each Receipt this Period
FEC ID number of contributing		Timesin of Each Hoodpt this Follow
federal political committee.	C	199.00
Name of Employer	Occupation	
Seamar Community Health Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	398.00	
Full Name (Last, First, Middle Initial) David P Wright MD	I	Date of Receipt
Mailing Address 1313 Red River St Ste 100		12 07 2015
City	State Zip Code	Transaction ID : C3208626
Austin	TX 78701-1923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Seton Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	735.00	
	•	714.00
SUBTOTAL of Receipts This Page (optional	d) b	714.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 OF 59 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Pl	hysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ans		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	,		M M / D D / Y Y Y Y Y
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C3213203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1094.42
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 8919.66	
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physic	cians		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy			12 21 2015
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C3219764 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		393.97
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 8919.66	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			1488.39

TOTAL This Period (last page this line number only).....

1488.39

S ľ

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBEF	R:			PAGI	E 51 (OF	59
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	ck onl	y one)	_	_					
		Summary Page	×		22	Ш	23 20h	Щ	24	25		26
	<u> </u>			27	28a		28b	\coprod	28c	29		30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name												;
NAME OF COMMITTEE (In Full)												
American Academy of Family Phys	sicians P	olitical Acti	on Cor	nmit	tee							
Full Name (Last, First, Middle Initial)												
A. American Express					Date o		burse			ΥΥΥ	Υ	
Mailing Address PO Box 53852					12		0.	1	L	2015		
,	State	Zip Code			Tran	sacti	on ID	· D1	69493			
Phoenix	AZ	85072-3852				Juoti	011 10		00-00			
Purpose of Disbursement Bank card processing fee				П	Amour	nt of	Each	Disb	urseme	ent this	Perio	od
Candidate Name			Catego Type				,	Ξ	7		7.95	
Office Sought: House Disburser Senate	nent For: Primary	General										
President State: District:	Other (spec	cify) ▼										
Full Name (Last, First, Middle Initial)												
B. American Express					Date of	_						
Mailing Address PO Box 53852					12		0:		/ L	2015	Y	
City	State	Zip Code			_				00.40.4			
Phoenix	AZ	85072-3852			Tran	sacti	on ID	: D1	69494			
Purpose of Disbursement Bank card processing fee				$\overline{}$	Amou	nt of	Each	Disb	urseme	ent this	Perio	od
Candidate Name			Catego					Ī	-		3.58	
Office Sought: House Disbursen	nent For:		71-		-							
Senate	Primary	General										
President State: District:	Other (spec	cify) ▼										
Full Name (Last, First, Middle Initial)					Date of	- f D:-						
C. American Express								_				
Mailing Address PO Box 53852					12	/	09			2015	Y	
City	State	Zip Code			_							
Phoenix	AZ	85072-3852			Tran	sacti	on ID	: D1	69746			
Purpose of Disbursement Bank card processing fee				$\overline{}$								
Candidate Name			Catego		Amour	nt of	Each	Disb	urseme	ent this	Perio	od
Office Courbby			Туре)			7	_	7		J.90	
Office Sought: House Disburser Senate President	Primary	General										
State: District:	Other (spec	ony) ▼										
2.55						_						_
SUBTOTAL of Disbursements This Page (optional)				▶	L			_	-	15	5.49	
TOTAL This Period (last page this line number only)				▶								

ľ

SCHEDULE B (FEC Form 3X)	Han any water of C. I. C.		E NUMBER: PAGE 52		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	X 21b 27	22 23 28a 28		
Any information copied from such Reports and Stat	ements may not be sold or use				
or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phy	ysicians Political Actio	n Committ	ee		
Full Name (Last, First, Middle Initial)					
A. American Express			Date of Disbu		
Mailing Address PO Box 53852			12	10 2015	
City	State Zip Code		Transaction	ID : D169747	
Phoenix	AZ 85072-3852		Hansaction	ID . D109747	
Purpose of Disbursement Bank card processing fee			Amount of Ea	ch Disbursement this Period	
Candidate Name		Category/ Type		1.48	
Office Sought: House Disburs	ement For:	Турс			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disbu	reamant	
B. American Express				D D / Y Y Y Y	
Mailing Address PO Box 53852			12	11 2015	
City Phoenix	State Zip Code AZ 85072-3852		Transaction	ID : D169748	
Purpose of Disbursement Bank card processing fee			Amount of Ea	ch Disbursement this Period	
Candidate Name		Category/			
		Type		1.01	
	ement For:				
Senate President	Primary General Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
C. American Express			Date of Disbu	rsement	
Mailing Address PO Box 53852			12	14 2015	
	Ctoto 7in Octo				
City Phoenix	State Zip Code AZ 85072-3852		Transaction	ID : D169749	
Purpose of Disbursement Bank card processing fee					
Candidate Name		Category/ Type	Amount of Ea	ch Disbursement this Period 8.13	
Office Sought: House Disburs	ement For:	.,,,,	7		
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional				10.62	
TOTAL This Period (last page this line number on	ly)			7	

Llos soporata cobadida	FOR LINE	
Use separate schedule for each category of the Detailed Summary Page	ne (oncor only	one) 22 23 24 25 2 28a 28b 28c 29 3
		Data of Dishara areas
		Date of Disbursement
		12 14 2015
State Zip Code		Transaction ID : D169750
AZ 85072-3852	!	
		Amount of Each Disbursement this Period
	Category/	4.30
		Date of Disbursement
		M = M / D = D / Y = Y = Y
		12 15 2015
·	2	Transaction ID : D169751
		Amount of Each Disbursement this Period
	Category/ Type	10.56
	al	
		Date of Disbursement
		12 18 2015
State Zip Code AZ 85072-3852	<u> </u>	Transaction ID : D170208
	Category/	Amount of Each Disbursement this Period 3.25
	for each category of the Detailed Summary Pagements may not be sold or me and address of any positions. Political Address of any positions and address of any positions. Political Address of any positions and address of any positions. Political Address of any positions and address of any positions. Political Address of any positions and address of any positions. Political Address of any positions and address of any positions. Political Address of any	for each category of the Detailed Summary Page ments may not be sold or used by any personal address of any political committee to sicians Political Action Committee to Sicians Political Category/Type Sicians Political Action Committee to Sicians Political Committee to Sicians Political Category/Type Sicians Political Committee to Sicians Political Category/Type Sicians Political Committee to Sicians Political Category/Type Sicians Polit

S ľ

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER	:			PAGE	54	OF_	59
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(0100		one)							
		Summary Page	<u>×</u>		22		23 20h	Ш	24	25		26
	1			27	28a		28b		28c	29		30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar												i
NAME OF COMMITTEE (In Full)												
American Academy of Family Phys	sicians F	Political Acti	on Con	nmit	tee							
Full Name (Last, First, Middle Initial)												
A. American Express					Date o		urser			Y Y	Υ	
Mailing Address PO Box 53852					12		21		L.	2015		
,	State	Zip Code			Trans	sactio	n ID	D17	70209			
Phoenix	AZ	85072-3852			11411	Juotio			0203			
Purpose of Disbursement Bank card processing fee					Amoun	t of E	ach I	Disbu	urseme	ent this	Perio	od
Candidate Name			Catego Type			. ,			,	,	3.25	
Office Sought: House Disburse Senate	ment For: Primary	General										
President	Other (spe											
State: District:												
Full Name (Last, First, Middle Initial)					Date o	f Dieh	nurcar	mant				
B. American Express					M M	_				Y	V	
Mailing Address PO Box 53852					12]	23	_		2015	Y	
City	State	Zip Code			Tran	sactio	n ID	· D1	70210			
Phoenix	AZ	85072-3852			l II all	Sactio	,,, ,,		70210			
Purpose of Disbursement Bank card processing fee					Amoun	t of E	ach I	Disbu	urseme	ent this	Perio	od
Candidate Name			Catego Type			,			,	3:	2.50	
Office Sought: House Disburse	ment For:											
Senate	Primary	General										
President Pietriet:	Other (spe	cify) ▼										
State: District: Full Name (Last, First, Middle Initial)												
c. American Express					Date o							
Mailing Address PO Box 53852					12	/	28	_		2015	Υ	
City	State	Zip Code			_							
Phoenix	AZ	85072-3852			Trans	sactio	n ID	: D17	/0211			
Purpose of Disbursement Bank card processing fee												
Candidate Name			Catego		Amoun	t of E	ach I	Disbu	urseme	ent this		d
			Туре	:					7	5	1.03	
Office Sought: House Disburse Senate	ment For: Primary	General										
President	Other (spe	cify) 🔻										
State: District:												
SUBTOTAL of Disbursements This Page (optional)				. •						86	5.78	7
5 () ()					-	- 1		-	7	-		=
TOTAL This Period (last page this line number only)								7			

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 55 C			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check onl	/ one)			
	Detailed Summary Page	X 21b	22 23 28b 28b	24 25 26 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Academy of Family Physics	sicians Political Act	ion Commit	tee			
/	oroidiro i ontrodi 7 tot					
Full Name (Last, First, Middle Initial)			Data of Distance			
A. American Express			Date of Disbursemen			
Mailing Address PO Box 53852			12 28	2015		
City	State Zip Code		Towns of the ID DA	170040		
Phoenix	AZ 85072-3852		Transaction ID : D1	170212		
Purpose of Disbursement Bank card processing fee			Amount of Each Disk	oursement this Period		
Candidate Name		Category/		28.06		
Office Sought: House Disburse	mont For:	Туре		20.00		
Office Sought: House Disburse Senate	ment For: Primary General					
President	Other (specify)					
State: District:	(-					
Full Name (Last, First, Middle Initial)						
3. American Express			Date of Disbursemen	nt		
			M = M / D = D	/ Y = Y = Y		
Mailing Address PO Box 53852			12 30	2015		
City	State Zip Code AZ 85072-3852		Transaction ID : D1	170213		
Phoenix Purpose of Disbursement	AZ 85072-3852					
Bank card processing fee			Amount of Each Disk	oursement this Period		
Candidate Name		Category/				
		Type		7.95		
	ment For:					
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
Senk Of America Merchant Service	Δς		Date of Disbursemen	nt		
Dank Of America Werenant Gervie	C 3		M M / D D	/ Y Y Y Y Y		
Mailing Address WA2-505-01-40 PO Box 2485			12 02	2015		
City	State Zip Code		Transaction ID : D1	160405		
Spokane	WA 99210-2485		Transaction iD: D	109493		
Purpose of Disbursement Bank card processing fee						
Candidate Name			Amount of Each Disk	oursement this Period		
Candidate Name		Category/ Type		278.79		
Office Sought: House Disburse	ment For:	Туре		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
·						
$\textbf{SUBTOTAL} \ \ \text{of Disbursements This Page (optional)}.$				314.80		
				445.00		
TOTAL This Period (last page this line number only	')			445.80		

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 56 OF 59
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information conied from such Departs and Olympia	nonto mou not be sald as as			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
$\Big \Big angle$ American Academy of Family Phys	sicians Political Actio	n Committ	ee	
Full Name (Last, First, Middle Initial)				
A. CHESAPEAKE PAC			Date of Disburseme	ent
			M M / D D	/
Mailing Address 170 Old Enterprise Rd			12 01	2015
PO BOX 5323 City	State Zip Code			
Upper Marlboro	MD 20774-1645		Transaction ID : D	0169397
Purpose of Disbursement				
Campaign contribution			Amount of Each Dis	sbursement this Period
Candidate Name Rep. Andy Harris		Category/		2500.00
Office Sought: House Disburser	ment For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: MD District: 01				
Full Name (Last, First, Middle Initial)			Data of Diahamasa	ant.
B. LONE STAR LEADERSHIP PAC			Date of Disburseme	
Mailing Address 7315 Wisconsin Avenue			12 01	2015
Suite 310 East City	State Zip Code			
Bethesda	MD 20814		Transaction ID : D	0169396
Purpose of Disbursement				
Campaign contribution			Amount of Each Dis	sbursement this Period
Candidate Name Rep. Michael Burgess		Category/		2500.00
Office Sought: House Disburser	ment For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: TX District: 26				
Full Name (Last, First, Middle Initial)	10 540		Data of District	.nt
C. MAKING AMERICA PROSPEROU	IS PAC		Date of Disburseme	
Mailing Address PO Box 2485			12 01	2015
,	State Zip Code		Transaction ID : D	0169443
Springfield Purpose of Disbursement	VA 22152-0485			
Campaign contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/	I Start of Edon Die	
Rep. Kevin Brady		Type		2500.00
Office Sought: House Disburser				
Senate President	Primary General Other (specify)			
State: TX District: 08	outer (apecity)			
SUBTOTAL of Disbursements This Page (optional)				7500.00
,				
TOTAL This Period (last page this line number only)		·····•		

SCHEDULE B (FEC Form 3X)			FOR LINE I			PAGE	57 OI	F 59
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(orleast orliny					
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	30
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)	and addit	233 Of arry politic	car committee to	3011011 001	itilbutions ii	om sacm c	ommitte	<u>. </u>
American Academy of Family Phy	cicione D	olitical Activ	on Committ	00				
American Academy of Family Fify	SICIALIS F	Ullical Activ		CC				
Full Name (Last, First, Middle Initial)								
^{A.} CHARLES BOUSTANY JR. MD F	OR CON	GRESS, IN	IC.	Date of	Disburseme	ent		
M. W. All Son Son				M = M	/ D D		Y	Y
Mailing Address PO Box 80126				12	11	2	2015	_
City	State	Zip Code						
Lafayette	LA	70598		Trans	action ID : I	0169678		
Purpose of Disbursement								
Campaign contribution				Amount	of Each Di	sbursemer	t this P	eriod
Candidate Name			Category/				2500.0	00
Rep. Charles Boustany Jr. Office Sought: House Disburs	omont Fr =	040	Туре		7	7		
	ement For: 2 Primary							
President	Other (spec	General						
State: LA District: 07	_ Calor (Spec							
Full Name (Last, First, Middle Initial)								
B. PEOPLE FOR DEREK KILMER				Date of	Disburseme	ent		
1 EOI EE I ON BENEIN MEN				M = M	/ D D	/ Y	Y	Y
Mailing Address PO Box 1381				12	01	2	2015	
City	State	Zip Code		Trans	action ID :	D169450		
Tacoma	WA	98401-1381		mana	aotion ib	3100-00		
Purpose of Disbursement Campaign contribution				Amount	of Each Di	ohuroomon	t thin D	oriod
Candidate Name				Amoun	OI Eacii Di	spursemer	וו ווווא די	enou
Rep. Derek Kilmer			Category/ Type	Ι.			2500.	00
•	ement For: 2		Турс		, ,	, , , , , , ,		
	Primary	General						
President	Other (spec	ify) ▼						
State: WA District: 06	_							
Full Name (Last, First, Middle Initial)								
$^{ extsf{C}_{+}}$ KATHERINE CLARK FOR CONG	RESS			Date of	Disbursem	ent		
Matter Address BOD 2001				M = M	/ D D		Y	Y
Mailing Address PO Box 361				12	01		2015	-
City	State	Zip Code						
Malden	MA	02148-0004		Trans	action ID : I	D169447		
Purpose of Disbursement								
Campaign contribution				Amount	of Each Di	sbursemer	nt this Po	eriod
Candidate Name			Category/				1000.0	20
Rep. Katherine M. Clark			Туре			-	1000.	
Office Sought: House Disburse	ement For: 2 Primary	016 General						
President	Other (spec							
State: MA District: 05								
				_			-	_
SUBTOTAL of Disbursements This Page (optional)							6000.0	00
(optional)				-		7		÷
TOTAL This Period (last page this line number onl	y)			1.		1 (0) 1	1 40	

ľ

SCHEDULE B (FEC Form 3X)	Han annual colored (A)	FOR LINE		59
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		□ 26
	Detailed Summary Page	27	22 X 23 24 25 28 28a 28b 28c 29	30b
Any information copied from such Reports and Staten	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions	IS
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	icians Political Action	on Committ	ee	
Full Name (Last, First, Middle Initial)				
A. SIMPSON FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 1541			12 11 2015	
,	State Zip Code		Transaction ID : D169679	
Boise	ID 83701-1541		Transaction ib . D103073	
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period	iod
Candidate Name		Category/	2500.00	
Rep. Mike Simpson		Type	2500.00	
	nent For: 2016 Primary General			
President	Other (specify)			
State: ID District: 02	caner (epoonly)			
Full Name (Last, First, Middle Initial)				
B. RALPH ABRAHAM FOR CONGRE	SS		Date of Disbursement	
Mailing Address P.O. BOX 14062			12 11 2015	
01				
City S MONROE	State Zip Code LA 71207		Transaction ID : D169677	
Purpose of Disbursement				
Campaign contribution			Amount of Each Disbursement this Period	iod
Candidate Name		Category/	2500.00)
Rep. Ralph Abraham Office Sought: House Disburser	nent For: 2016	Туре		
	Primary General			
President	Other (specify)			
State: LA District: 05				
Full Name (Last, First, Middle Initial)			Data of Bishamana	
C. DR. RAUL RUIZ FOR CONGRESS	5		Date of Disbursement	
Mailing Address 73373 COUNTRY CLUB DRIVE #*	904		12 11 2015	
011	7. 0.4.			
,	State Zip Code CA 92260		Transaction ID: D169676	
Purpose of Disbursement				
Campaign contribution			Amount of Each Disbursement this Period	iod
Candidate Name		Category/	5000.00)
Rep. Raul Ruiz Office Sought:	nent For: 2016	Type		ш.
	Primary General			
President	Other (specify) ▼			
State: CA District: 36	<u> </u>			
				$\overline{}$
SUBTOTAL of Disbursements This Page (optional)		······	10000.00	
TOTAL This Davied (lost room this line room to a room to				\neg
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 59			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 X 23 24 25	26	
	, ,	27	28a 28b 28c 29	30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phys	icians Political Actio	n Committe	ee		
Full Name (Last, First, Middle Initial)			Date of Dishursoment		
A. FRIENDS OF ROSA DELAURO			Date of Disbursement	Y	
Mailing Address 12 Trumbull St			12 01 2015	_	
,	State Zip Code		Transaction ID : D169449		
New Haven Purpose of Disbursement	CT 06511-6311				
Campaign contribution			Amount of Each Disbursement this Pe	eriod	
Candidate Name		Category/	2500.0	00	
Rep. Rosa DeLauro Office Sought:	nent For: 2016	Туре	7		
Senate	Primary				
State: CT District: 03					
Full Name (Last, First, Middle Initial)			5		
В.			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y	Y	
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Po	eriod	
Candidate Name		Category/ Type			
	nent For: Primary General Other (specify) ▼	71-			
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y	Y	
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Disbursement this Po	eriod	
President	nent For: Primary General Other (specify) ▼	71.			
State: District:				_	
SUBTOTAL of Disbursements This Page (optional)		······	2500.0	00	
TOTAL This Period (last page this line number only).			26000.0	00	